



# GRANT A WISH, INC BABY PROGRAM

## Application for Baby Supplies & Equipment

### 2020

This application is for economically disadvantaged families that qualify to receive baby equipment & supplies for their newborn or toddler up to the age of 5 years. We accept a letter from a public case worker or someone in authority that can verify your financial situation or your need for these items from an established public entity. You can provide proof of income at the time you apply without a case worker, attach information to this application. You must agree to allow your picture to be taken for our organization baby program. Most of the items available are used, but are in very good condition. You have to pick out your own clothing or supplies, but we can only give you, what we have available in stock at the time you arrive for pickup. You can come as often as you deem necessary. This program is for families that really need the help. If you can afford to buy your own supplies this program is not for you. You must pickup the baby items that you select, we don't deliver.

Mail Application to: **GRANT A WISH BABY PROGRAM P.O. BOX 17698 CHICAGO, IL 60617-0698**

### Grant A Wish, Inc Client Information Section:

**Date of Application:** \_\_\_/\_\_\_/2020

**Who is applying?** Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_

**Name of Mother/Father/Guardian** \_\_\_\_\_

**Current Address** \_\_\_\_\_ Apt # \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZipCode** \_\_\_\_\_

**Your contact phone #**(\_\_\_\_) \_\_\_\_\_ **Alternate phone/Cell #** (\_\_\_\_) \_\_\_\_\_

**Contact Information:** Name of Contact \_\_\_\_\_ Relationship to

you? \_\_\_\_\_ **Does your family receive Public assistance?** Yes \_\_\_ No \_\_\_ **What is the age of your baby?** Newborn \_\_\_ 1-3yrs \_\_\_ 3-5yrs \_\_\_ **Is your baby a boy \_\_\_ or girl \_\_\_.**

**After applying you will need to call: (773) 454-8352 to make an appointment or check on the status of the application?**

**Are you looking for regular assistance?** Yes \_\_\_ No \_\_\_

**Is this your first baby?** Yes \_\_\_ No \_\_\_ **If no, how many children do you have?** \_\_\_\_\_ **How many do you need assistance for?** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**What is your email address?** \_\_\_\_\_ @ \_\_\_\_\_ **Would you like to be on our mailing list?**

Yes \_\_\_ No \_\_\_ **How did you hear about our organization?** \_\_\_\_\_ **What baby supplies or baby equipment do you need?** \_\_\_\_\_

**I agree to allow my photo to possibly be taken by Grant A Wish, Inc for the sole use on their website and printed materials for the Grant A Wish Baby Program only? Signature:** \_\_\_\_\_

**For Official Use:** Will the Wish be granted? Yes \_\_\_ No \_\_\_ If no, what is the reason? \_\_\_\_\_

Baby Program Wish Number 2020- \_\_\_\_\_ Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_ Date Application received? \_\_\_ \ \_\_\_ \ 2020

Date Wish Granted: \_\_\_ \ \_\_\_ \ 2020 What date will the items be picked up? \_\_\_ \ \_\_\_ \ 2020 Pick up Time? \_\_\_\_\_

Who is authorized to pick up items? \_\_\_\_\_